

HEARTLAND HEALTH CARE CENTER-SHAWANO
1436 SOUTH LINCOLN STREET

SHAWANO 54166 Phone: (715) 526-6111
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/03): 100
Total Licensed Bed Capacity (12/31/03): 108
Number of Residents on 12/31/03: 84

Ownership: Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 84

| Services Provided to Non-Residents | | Age, Gender, and Primary Diagnosis of Residents (12/31/03) | | | | Length of Stay (12/31/03) | | % |
|------------------------------------|-----|--|-------|------------|-------|---------------------------------|--|------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 22.6 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | | 32.1 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.0 | Under 65 | 6.0 | More Than 4 Years | | 11.9 |
| Day Services | Yes | Mental Illness (Org./Psy) | 27.4 | 65 - 74 | 8.3 | | | ---- |
| Respite Care | Yes | Mental Illness (Other) | 4.8 | 75 - 84 | 33.3 | | | 66.7 |
| Adult Day Care | Yes | Alcohol & Other Drug Abuse | 3.6 | 85 - 94 | 40.5 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 9.5 | 95 & Over | 11.9 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 1.2 | | ---- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 8.3 | | 100.0 | (12/31/03) | | |
| Other Meals | No | Cardiovascular | 11.9 | 65 & Over | 94.0 | ----- | | |
| Transportation | No | Cerebrovascular | 15.5 | ----- | ----- | RNs | | 10.8 |
| Referral Service | No | Diabetes | 8.3 | Gender | % | LPNs | | 6.0 |
| Other Services | Yes | Respiratory | 2.4 | ----- | ----- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 7.1 | Male | 26.2 | Aides, & Orderlies | | |
| Mentally Ill | No | | ----- | Female | 73.8 | | | |
| Provide Day Programming for | | | 100.0 | | ----- | | | |
| Developmentally Disabled | No | | | | 100.0 | | | |

Method of Reimbursement

| | | Medicare (Title 18) | | Medicaid (Title 19) | | Other | | Private Pay | | Family Care | | Managed Care | | | | | | Total Resi- dents | % Of All |
|----------------------|-----|------------------------|---------------------|------------------------|-------|---------------------|-----|----------------|---------------------|----------------|-------|---------------------|-----|-----|---------------------|-----|-------|-------------------------|----------------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Skilled Care | 17 | 100.0 | 315 | 46 | 97.9 | 108 | 0 | 0.0 | 0 | 19 | 100.0 | 132 | 0 | 0.0 | 0 | 1 | 100.0 | 350 | 83 |
| Intermediate | --- | --- | --- | 1 | 2.1 | 91 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1.2 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Total | 17 | 100.0 | | 47 | 100.0 | | 0 | 0.0 | | 19 | 100.0 | | 0 | 0.0 | | 1 | 100.0 | | 84 |

| ***** | | | | | | |
|--|------|--|-------------|--------------------------------------|-----------|-----------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 | | | | |
| | | ----- | | | ----- | |
| Percent Admissions from: | | Activities of | % | % Needing Assistance of | % Totally | Total Number of |
| Private Home/No Home Health | 3.5 | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | Residents |
| Private Home/With Home Health | 0.0 | Bathing | 14.3 | 64.3 | 21.4 | 84 |
| Other Nursing Homes | 0.8 | Dressing | 22.6 | 58.3 | 19.0 | 84 |
| Acute Care Hospitals | 95.8 | Transferring | 33.3 | 50.0 | 16.7 | 84 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Toilet Use | 28.6 | 51.2 | 20.2 | 84 |
| Rehabilitation Hospitals | 0.0 | Eating | 79.8 | 9.5 | 10.7 | 84 |
| Other Locations | 0.0 | ***** | | | | |
| Total Number of Admissions | 260 | Continence | % | Special Treatments | % | |
| Percent Discharges To: | | Indwelling Or External Catheter | 4.8 | Receiving Respiratory Care | | 4.8 |
| Private Home/No Home Health | 44.9 | Occ/Freq. Incontinent of Bladder | 35.7 | Receiving Tracheostomy Care | | 0.0 |
| Private Home/With Home Health | 11.3 | Occ/Freq. Incontinent of Bowel | 14.3 | Receiving Suctioning | | 0.0 |
| Other Nursing Homes | 1.2 | | | Receiving Ostomy Care | | 2.4 |
| Acute Care Hospitals | 21.1 | Mobility | | Receiving Tube Feeding | | 2.4 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Physically Restrained | 1.2 | Receiving Mechanically Altered Diets | | 34.5 |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 3.1 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 18.4 | With Pressure Sores | 8.3 | Have Advance Directives | | 100.0 |
| Total Number of Discharges | | With Rashes | 7.1 | Medications | | |
| (Including Deaths) | 256 | | | Receiving Psychoactive Drugs | | 60.7 |

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

| ***** | | | | | | | | | |
|--|-----------------|-------------------------------------|-------|--------------------------------|-------|---------------------------------|-------|------------------|-------|
| | This Facility % | Ownership: Proprietary Peer Group % | Ratio | Bed Size: 100-199 Peer Group % | Ratio | Licensure: Skilled Peer Group % | Ratio | All Facilities % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 77.4 | 80.8 | 0.96 | 84.0 | 0.92 | 84.0 | 0.92 | 87.4 | 0.89 |
| Current Residents from In-County | 96.4 | 73.7 | 1.31 | 80.7 | 1.20 | 76.2 | 1.27 | 76.7 | 1.26 |
| Admissions from In-County, Still Residing | 16.9 | 19.8 | 0.86 | 21.5 | 0.79 | 22.2 | 0.76 | 19.6 | 0.86 |
| Admissions/Average Daily Census | 309.5 | 137.9 | 2.25 | 135.6 | 2.28 | 122.3 | 2.53 | 141.3 | 2.19 |
| Discharges/Average Daily Census | 304.8 | 138.0 | 2.21 | 137.2 | 2.22 | 124.3 | 2.45 | 142.5 | 2.14 |
| Discharges To Private Residence/Average Daily Census | 171.4 | 62.1 | 2.76 | 62.4 | 2.75 | 53.4 | 3.21 | 61.6 | 2.78 |
| Residents Receiving Skilled Care | 98.8 | 94.4 | 1.05 | 94.8 | 1.04 | 94.8 | 1.04 | 88.1 | 1.12 |
| Residents Aged 65 and Older | 94.0 | 94.8 | 0.99 | 94.5 | 1.00 | 93.5 | 1.01 | 87.8 | 1.07 |
| Title 19 (Medicaid) Funded Residents | 56.0 | 72.0 | 0.78 | 71.9 | 0.78 | 69.5 | 0.81 | 65.9 | 0.85 |
| Private Pay Funded Residents | 22.6 | 17.7 | 1.28 | 17.4 | 1.30 | 19.4 | 1.16 | 21.0 | 1.08 |
| Developmentally Disabled Residents | 0.0 | 0.8 | 0.00 | 0.6 | 0.00 | 0.6 | 0.00 | 6.5 | 0.00 |
| Mentally Ill Residents | 32.1 | 31.0 | 1.04 | 31.8 | 1.01 | 36.5 | 0.88 | 33.6 | 0.96 |
| General Medical Service Residents | 7.1 | 20.9 | 0.34 | 21.1 | 0.34 | 18.8 | 0.38 | 20.6 | 0.35 |
| Impaired ADL (Mean) | 41.2 | 45.3 | 0.91 | 47.6 | 0.87 | 46.9 | 0.88 | 49.4 | 0.83 |
| Psychological Problems | 60.7 | 56.0 | 1.09 | 57.6 | 1.05 | 58.4 | 1.04 | 57.4 | 1.06 |
| Nursing Care Required (Mean) | 7.4 | 7.2 | 1.03 | 7.8 | 0.96 | 7.2 | 1.04 | 7.3 | 1.02 |